

TOWN OF NORTHBOROUGH BUILDING DEPARTMENT

63 Main Street, Northborough, MA 01532 Phone 508-393-5010 Fax 508-393-6996

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT FOR ONE OR TWO FAMILY DWELLING OR ACCESSORY STRUCTURE

| Map# | |
|------------------------------------|--|
| Parcel# | |
| Zone(s): | |
| GWPO Area(s): | |
| Lot/Structure: ☐ Conf. ☐ Non-Conf. | |

| TO I | | ☐ Conf. ☐ Non-Conf. | | | |
|--|---|--|--|--|--|
| PROPERTY ADDRESS: | | | | | |
| SUBDIVISION | LOT# | LOT SIZE Sq. Ft. | | | |
| SECTION 1 – TYPE AND COST OF BUILDING – all applicants – complete Parts A - D | | | | | |
| A. TYPE OF IMPROVEMENT New Building/Structure Addition Alteration Repair, replacement Demolition | B. PROPOSED USE (for demoliti One Family Dwelling Two Family Dwelling Swimming Pool Other, specify | on, most recent use) Deck Garage Shed | | | |
| Other | BRIEF DESCRIPTION OF PROPO | SED PROJECT: | | | |
| C. COST Building \$ Electrical \$ Plumbing \$ Heating/air conditioning \$ | D. OWNEDSHIP | | | | |
| Fire Protection \$ | I | D. OWNERSHIP Private (individual, corporation or non-profit institution) | | | |
| TOTAL | _ ' | Public (federal, state or local government) | | | |
| SECTION II - SELECTED CHARACTERISTICS OF BUILDING | | | | | |
| (for new buildings, additions and alterations –co | | | | | |
| E. PRINCIPAL TYPE OF HEATING FUEL Gas Oil | PE OF SEWERAGE DISPOSAL Public Private | H. RESIDENTIAL DWELLING: Number of Bedrooms: Existing: | | | |
| Electricity G. TY Other - Specify: | PE OF WATER SUPPLY | Deleted: | | | |
| | Public Private, well | Proposed: | | | |
| | | TOTAL: | | | |
| SECTION III – THE FOLLOWING QUESTIONS MUST BE ANSWERED – NO EXCEPTIONS | | | | | |
| Will any wetlands be filled? Will there be any excavation within 100 feet of a wetland? | | | | | |
| Will there be any excavation within 200 feet of a river or stream? For Department Use Only: Date Received | | | | | |
| Does an open culvert leave or discharge on the lot? | | | | | |
| Does this lie within a flood zone (F.I.R.M.)? Yes No | | | | | |
| Will any trees at the road be removed on town property? | | | | | |
| Is this a "Scenic Road" (Northborough Zoning Bylaw 7-36)? No Yes Will any part of a stone wall on the Town's portion of property be removed? Yes No | | | | | |

| SECTION IV – PROPERTY OWNERSHIP – to be completed by all applicants | | | | | |
|--|---------------------------------|--|--------------------------------------|--|--|
| | | | () | | |
| Owner of Record (please print) | Mailing Address: street, town/o | city/state/zip | Telephone number | | |
| SECTION V – OWNER AUTHORIZATION – To be completed when contractor or agent is applicant | | | | | |
| As owner of the subject property I hereby a | | <u> </u> | | | |
| | Contractor / Agent | 4 1 / | | | |
| to act on my behalf in all matters relative to | the work authorized by this | building permit application | on. | | |
| Signature of Owner | | Date | | | |
| organical of owner | - | 24.0 | | | |
| SECTION VI – CONSTRUCTION SERVICES | W Cheek Ammonuio | to Day(as) | | | |
| A. Licensed Construction Supervisor: Not applicable for this project (go to E | X Check Appropria | te box(es) | | | |
| Homeowner License Exemption – subr | | EXEMPTION" Affidavit | | | |
| | | | 1 1 | | |
| Name of Licensed Construction Supervi | sor: (please print) License N | umber | Expiration Date | | |
| Address street, town/city, state zip | | | | | |
| | | () | | | |
| Signature B. Registered Home Improvement Contract | ctor: X Check Appropria | Telephone nun | nber | | |
| Not applicable for this project (go to se | | te box(es) | | | |
| H.I.C.R Exemption – Submit 'HOME IN | | OR LAW''' Affidavit. | | | |
| | | | / / | | |
| Company Name or Person please print | HICR # | Ex | xpiration Date | | |
| Address street, town/city, state zip |) | | _ | | |
| | | () | | | |
| Signature C. Workman Compensation Insurance: (ch | and annumiate have | Telephone nun Certificate of Insurance | | | |
| c. workman Compensation insurance: (ci | еск арргорпате вох) | Certificate of Hisurano | e Affidavit | | |
| SECTION VII – APPLICANT DECLARATION | N CONSTRUCTION - ALL A | PPLICANTS MUST COM | PLETE | | |
| I, | , as Owne | er / Contractor / Agent | hereby declare that the | | |
| (Please print) | (Circle o | | | | |
| statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. | | | | | |
| Signed under the pains and penalties of perjury. | | | | | |
| | | / / | | | |
| Signature of Applicant | Date | 9 | | | |
| FOR DEPARTMENT USE ONLY | | | | | |
| REM | MARKS/NOTES: | | | | |
| USE GROUP: | | | | | |
| CONST. TYPE: | | | | | |
| BUILDING PERMIT NUMBER: | | | | | |
| BP | | | | | |
| BUILDING PERMIT ISSUED: | / | | Munis: ["OK" | | |
| BUILDING PERMIT FEE: \$ | | / / | Signature | | |
| | Ck# / Cash | Date | Signatures: ☐ No signature required | | |
| APPROVED BY: | / Local Inspector | / / | Signature Sheet returned | | |

Inspector
Building Permit Appl. Res 6.17.02